



The

# ALKALOIDAL CLINIC

W. C. ABBOTT M.D. EDITOR

Vol. 2. JANUARY, 1895.

No. 1.

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EDITED BY  
W. C. ABBOTT, M. D.

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VOLUME II., 1895.

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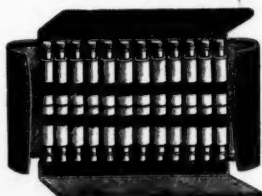




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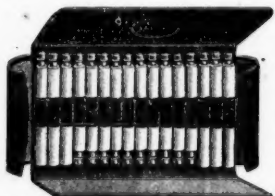
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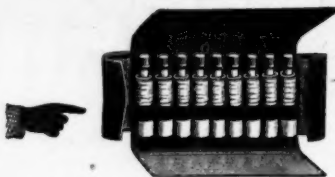
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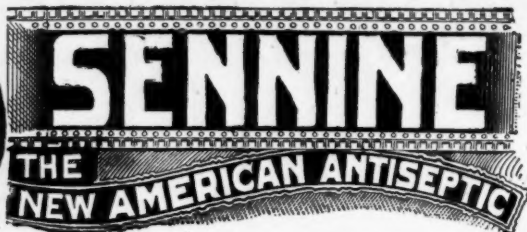
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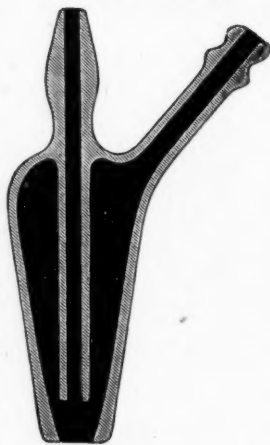
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## EDITORIAL CHAT.

### OUR BIRTHDAY.

It is unnecessary to remind our friends, who have followed us from the beginning, that this issue marks one year in the existence of the CLINIC, but our many new friends may be interested to learn this. The CLINIC has grown in favor all the year, depending entirely upon its own merit for the same. Our aim has been, and ever will be, to make it practical and of daily use, not aiming to be ultra-scientific and theoretical.

The rapidity with which our subscription list has grown, evidencing the wisdom of the above course, is a marvel to our journalistic friends, as well as to the Post Office Department, that has so kindly aided us in the distribution of our sample invitations. To all we extend the compliments of the new year, and from all we bespeak that helpfulness, in the way of contributions and kind words, that alone can continue us in prosperity. We desire to heartily thank our contributors, for without their aid we should have been unable to accomplish what has been done.

### RENEWALS.

We beg to remind the few, who were with us for '94 and have not renewed, that their subscriptions expired with the December issue and that we do not continue the journal longer than paid for. This copy is a complimentary reminder.

We know of nothing more annoying than to be presented with a bill for a journal that one has not renewed for years, though unfortunately having once subscribed; we say "unfortunately," because anyone is better off without a journal, that resorts to such tactics to keep up an apparent circulation, than with it. So, if you want the CLINIC, pay for it, and you will get it, and we will try to make it worth the price. Any time that you are not satisfied, send back the journal and we will refund your money.

### LOW PRICES DANGEROUS.

The recent cuts, made by some of our great manufacturers of pharmaceutical prep-



arations, cannot be too strongly deprecated. This not only works detriment to the small and less favored, but often more reliable manufacturers, but to the profession at large. For years we have been striving against substitution in the trade and, now, when we are on the eve of emancipation, this very same thing threatens the dispensing physician. He must look to the manufacturer for his preparations, and he wants them right. He yields to the importunity of these "just as good but cheaper" fellows and, very soon, he does not get the result he used to get, just because competition in price has compelled those who supply him, in order to hold his trade, to reduce the cost of their preparations, either by substitution or less care in manufacture.

The physician picks up a market report, he sees that the price of a drug is so much per ounce and figures out that it takes so many grains to make a thousand granules or tablets. He then compares this with the selling price, and says, "Whew! these fellows are robbers," without stopping to think of what there is between the crude drug and laying the same at his door as an elegant pharmaceutical preparation. With prices as they now stand, among reliable manufacturers of physicians' supplies, an average prescription does not cost the physician over two cents. Further comment is needless.

#### SOLUTION OR QUICK SOLUBILITY OF MEDICINES NECESSARY.

Recent experiments in testing the comparative solubility of the preparations of the different granule manufacturers, leads us to say that, while the same active principles may be present in their products, those which make the most readily soluble granules are most worthy of our confidence. It is true, that no form of medication will give such quick results as a perfect solution. This being the case, let us get as near to it as we can, with a suffi-

ciently quickly soluble granule or tablet, where it is more desirable to use the same. We say "sufficiently" advisedly. It is not necessary that a drug which acts slowly and eliminates slowly, and is given at long intervals, should dissolve as rapidly as one that acts quickly and is eliminated with a corresponding degree of rapidity.

Only that portion of the drug is in action that is in the circulation at a given time; this explains why many fail to get the results from granules, that others report, simply because they do not use the same preparations, probably having been influenced to buy cheaper products. We throw out these ideas to set you to thinking.

#### COMPARATIVE DOSAGE

We are frequently importuned for some standard of comparison between active principles and preparations of the crude drug, and we always reply, "it cannot be made." Not long since we devoted some space to this subject, but it constantly comes up and must as often be answered. The active principles are invariable quantities; the preparations of the crude drug depend for their activity upon these principles, which are always present in a variable quantity, depending upon the condition of the crude drug at the time of manufacture and the care with which the preparation is made and are, therefore, variable.

To abide by any comparison that can be made would be failure. It might, simply, be better than nothing, that is all. It is our opinion that it would be better for the profession to learn the new method and the new dosage, *de novo*, as they have the other. It is better to know one thing well, than half a dozen poorly, for the former leads to certainty while the latter is liable to disgust one with the whole thing. Whenever definite questions are asked along this line, the CLINIC will endeavor to answer them as carefully as possible, but will make no attempt at an extended comparison.



## LEADING ARTICLES

## CONSTIPATION.

BY WM. F. WAUGH, A. M., M. D.

Professor of Practice, Chicago Summer School of Medicine, Professor of Medicine, Chicago Post Graduate College, etc., etc.

If the treatment of constipation consisted simply in the administration of a cathartic, or of a succession of cathartics, there would be little need of writing on the subject. The long list of laxatives, drastics, hydragogues, etc., from bran to elaterium, would seem to cover every possible case requiring evacuation of the bowels.

But cathartics do not cure constipation. In fact, they only make it worse, by lessening the natural power of the bowel and getting the patient into the habit of depending on outside aid to force his rectum to perform its functions. It is well known that, when once this dependence upon drugs is formed, larger and larger doses are required, until the victim is finally unable to have a passage without the aid of a boxful of patent pills, or the most powerful of the cathartic group in enormous doses. It is this principle that has made the fortunes of the patent pill venders, whose advertisements are never absent from the papers. The injury done by these men, in making chronic drug-takers of their patrons, is great.

The same condemnation must be made of the laxative waters, foods, suppositories of gluten or glycerin and enemas, small or large. Not one of them cures; all must be classed as of that vicious group of palliatives that confirm the original disease.

And this disease is a diminution of the sensibility of the colon and rectum, by which these organs retain the feces and become distended by them, instead of being excited by their presence to expulsive contraction. The prime cause of this loss of sensibility, is neglect. The presence of feces is noted but it does not suit the individual to go just then, the duty is put off until the pressure becomes imperative.

Meanwhile the bowel is becoming accus-

tomed to the presence of feces and is gradually becoming transformed into a cavity for storing the same, instead of an organ for their expulsion. As the muscular movements grow weaker, the bowel may be dilated until very large quantities may be stored in it. Reynolds relates a case in which a woman had her bowels opened but four times a year, taking a breakfast cup of pills for that purpose and filling a wooden bucket with masses as large as a baby's head at birth.

Women are the greatest delinquents in this respect. It is exceedingly rare to find one who performs the duty of going regularly to the closet every day at the same hour. In twenty-five years of practice I can recollect but one who did this. And yet it seems strange that the beauty specialists have not yet found out that the daily evacuation and the morning cold bath, with open air exercise, are worth all the cosmetics, paints, powders, pastes, frictions, massages, etc., for the female complexion. But I may be wrong. They have discovered it, but these agencies cannot be peddled about at \$2.00 a bottle.

No cosmetic can remedy the muddy, pimply, blotchy complexion, no tonic restore the look of health to the woman who is constantly absorbing into her blood, from her alimentary canal, the liquid portion of her feces. The list of discomforts and of ailments due to this cause is long. Melancholy, irritability, dullness, insomnia, anemia, dyspepsia, anorexia, and neurasthenia are a few of the more common. The most neurotic race in the world, the women of France, are said to be the most negligent of their bowels. It is said that the Parisienne only physics herself when it becomes absolutely necessary and, when the ordeal is over, she receives the congratulations of her friends.

The indications for treatment are very simple: to open the bowels and keep them open daily by as little help as is necessary, until the influence of habit has restored the organs to their normal functions. The hour most suitable in each case should

be selected, and the patient enjoined to go to the closet daily at that time. The more precisely the time is fixed, the greater is the likelihood of the direction being obeyed.

To insure the action, I know no remedy as efficient as the laxative granule that bears my name. The effect of the ingredients is as follows: Aloe stimulates the peristaltic action, especially affecting the muscular fibers of the rectum. The dose of aloe should never exceed one grain. Large doses do harm and do not give the tonic action sought, but exhaust the irritability by over-stimulation.

Strychnine increases the peristaltic action, and also the sensitiveness of the mucous membrane, thus rendering it less tolerant of its contents and affording more power to throw it off.

Belladonna lessens the tendency of these drugs to cause griping, while it favors their laxative action by paralyzing the terminal ends of the splanchnic, inhibitory nerves. As it lessens secretion, the addition of a minute amount of ipecacuanha is advisable, especially when the stools are already abnormally dry or costive. As this condition most frequently results from the too free use of cold water, patients should be cautioned against ices and ice-cream.

The last ingredient is capsicum, added to stimulate secretion and increase the sensibility of the mucous membrane. I think this is the most important ingredient, as I have never been able to get as good results from the others when the capsicum has been omitted.

Sufficient of these laxative granules are to be given to insure one passage daily. This dose must be divided into three portions, one to be taken before each meal. In a few days it will be found that the dose can be diminished somewhat; and, as the bowels become stronger and the habit of regularity is established, the number of granules is gradually lessened until but one is necessary. Then one is to be taken twice a day, then once; but this last granule should not be dropped for a long time. The moral effect of it is similar to that of a

"buckeye" carried in the pocket. Indeed, it would be well to give the patient a box of dummy pills, placebos, to take after the need of real laxatives has passed away; so strongly is the connection between pill and passage fixed in his mind.

What these granules will do, is, cure chronic constipation, if the rules as to taking them and as to regularity be observed.

They will not cure if these rules be neglected.

They will not cure obstruction due to stricture, torsion, pressure from outside the bowel, or occlusion of the gut by a foreign body.

They will not remove an impaction of feces. Their function is to prevent the reforming of such a collection, after it has been removed by enemas or by active cathartics.

They are not so well suited for the obstinate constipation of paretics ("softening of the brain") as the cold, saturated, salt-solution enema.

Concluding, I will say that, while many are making these granules, I know of none in which the component parts are more nicely adjusted or which work better than those made by Dr. W. C. Abbott ("The Abbott Alkaloidal Co.") at Ravenswood, Chicago, Ill., to whom I have given my formulæ with the right to manufacture the same.

103 State Street, Chicago.

## SOMETHING MORE "AMERICAN."

EDITOR ALKALOIDAL CLINIC:

I am very much pleased with the books you sent me, particularly Burggræve's *Dosimetric Therapeutics*. I like it much, but I should like something later, and more "American," but along this line, as this is my idea of scientific medication.

M. R. BAINTER, M. D.

Chandlersville, Ohio.

We will say to the Doctor, as well as to all others similarly minded, that the "something later and more American" will be found in Dr. Shaller's *Guide to Alkaloidal Medication*, now in press and advertised in this journal.—Ed.

## DIGITALIN.

BY JOHN M. SHALLER, M. D.

Professor of Physiology and Clinical Medicine in the Cincinnati College of Medicine and Surgery, and Professor of Comparative Physiology at the Ohio Veterinary College.

(Continued from last number.)

In the treatment of diseases of the heart, one or two granules of digitalin may be given every two hours to adults, with two or three granules of arseniate of strychnine. In the treatment of children, the same rule which guides in the administration of aconitine is applicable to digitalin. One granule for each year of the patient's age, together with one additional granule, should be dissolved in twenty-four teaspoonfuls of water. A teaspoonful of the solution should then be given as needed every one or two hours.

When digitalin fails to improve the condition of the patient, excellent results may sometimes be obtained by combining digitalin with convallamarin, sparteine or cactin, even after these remedies have been singly tried and have also failed. Since digitalin is very slow in its action, when a prompt effect is desired, in treating a case of heart disease, caffeine or sparteine should be given hypodermically. In so-called cases of "heart failure" glonoin, strychnine or atropine are also excellent remedies and produce their effects rapidly; but in shock, when the pulse and respiration are below the normal, the remedy of the greatest value is atropine.

In the treatment of dropsical cases, scillitine and caffeine, given in combination with digitalin, form one of the most potent of diuretics. We should remember, in using this combination, that caffeine not only stimulates the heart but also the epithelium of the uriniferous tubules and these effects of caffeine, together with the diuretic effect of scillitine and the increase of blood pressure produced by digitalin, augment the quantity of urine and thus diminish the dropsical effusion.

Digitalin should only be given in those cases in which the heart beats rapidly and the pulse is feeble; its use is indicated even

in the extremest degree of cardiac weakness. But, when the heart beats vigorously, with a strong impulse-beat, or when the pulse is slow, or when it is full and bounding, the administration of digitalin is contra-indicated. Digitalin is also contra-indicated after compensatory hypertrophy has set in. The heart's action, under the influence of this remedy, sometimes becomes so powerful that the pain and jarring produced by the impulse-beat is distressing, and it becomes necessary to administer aconitine. The heart has grown too strong and must now be made weaker by means of aconitine. To continue the administration of digitalin, under these circumstances, would, in all probability, prove fatal.

The physician should never neglect to instruct the patient, who is taking any of the preparations of digitalis, to withdraw the medicine as soon he feels that the heart is beginning to beat strongly against the chest wall, or as the pulse falls to the normal. This is the period which needs careful watching to prevent the so called "cumulative action." In palpitation, accompanied by feeble and rapid pulse, when indigestion is also present, the mistake is frequently made of believing that palpitation is produced by derangement of the stomach. While this may sometimes be true, especially with patients who partake excessively of coffee or tea, it should not be forgotten that a feeble and sluggish circulation is often the cause of dyspepsia, which can only be cured by improving the condition of the heart.

In typhoid fever, in phthisis and in other diseases of longer duration, where the heart naturally becomes degenerated and weak because of continued fever, two granules of digitalin and two of strychnine should be given three times a day. This treatment should be begun at once, in the early stage of the disease, and continued throughout its course. When physicians and nurses are overworked and have lost much sleep, there is frequently produced, upon the slightest effort, palpitation accom-

panied by vertigo and dyspnœa; in cases of this kind, two granules of digitalin and two of strychnine should be administered every three or four hours until the heart becomes stronger.

Besides controlling abnormal action of the heart, digitalin possesses the power of contracting involuntary muscle-fibres. It can be used, therefore, to contract the blood-vessels and uterus, and is of special value in the treatment of congestion and of internal and uterine hemorrhages. The writer fails to see, however, of what value digitalis can be in the treatment of post-partum hemorrhage, as recommended by so many authorities. In these cases, something must be done quickly, must be done within half an hour, and digitalis cannot produce any effect within so short a time. A post-partum hemorrhage could be anticipated and, if digitalis could be administered in such small doses as not to produce violent uterine contractions for one day before labor began, or if it were given during labor, some benefit might accrue, but this method is not advised.

In the treatment of post-partum hemorrhage, ergotin is far superior to digitalin because it acts more quickly and it also can be given hypodermically. It is difficult to comprehend, therefore, why a remedy so slow in its action as digitalis or digitalin should be recommended and used in the treatment of post-partum hemorrhage, a condition which may be so rapidly fatal.

The best method for treating post-partum hemorrhage is the preventive one, which consists in giving three or four granules of strychnine, three times a day, during the last month of gestation; this will insure a better and more active muscular contraction, by toning up the voluntary and involuntary muscular systems. The preventive method is still further carried out by giving ergotin in large doses, immediately after the expulsion of the placenta. In the treatment of hemorrhages which occur as the result of passive congestion, frequently accompanying disease of the

mitral valves and dilation of the right ventricle, when the lungs are engorged and the sputum is frothy and bloody and dyspnœa is marked, or when metrorrhagia is produced by passive congestion, digitalin is a very useful remedy.

If digitalin is used in the treatment of internal hemorrhage, arising from any cause, it should always be combined with ergotin. One granule of digitalin and six of ergotin should be given every half hour. If prompt action is desired, these granules should be dissolved and given hypodermically. Whichever method is followed, the dose should be repeated every half hour until the bleeding has ceased, or until the pulse is reduced to the normal. If there is much depression, two granules of strychnine should be added to each dose. After the bleeding has ceased, the medicine may be given every three or four hours.

Because of the contractile power which digitalin manifests over the arterioles, it has proved to be a very satisfactory remedy when used in the treatment of the cerebral congestion of delirium tremens and the delirium of acute and chronic mania. Large doses are required and, if the heart beats rapidly, three or four granules may be given every two hours, watching, of course, its effect upon that organ.

Spermatorrhœa, accompanied by a weak pulse and other evidences of a poor circulation, when the erections are feeble and the ejaculations are premature, a condition produced by venous congestion, is best treated by giving one granule of digitalin and three of ergotin every two hours. Digitalis possesses undoubted properties as a febrifuge, and is given with excellent results in the treatment of scarlet fever pneumonia and most acute inflammations.

It should be administered throughout the entire course of scarlet fever, as first suggested by Daniel Lewis of New York, and, in case it has not been given, if the urinary secretion become scanty, and the pulse feeble or rapid, digitalin and caffeine are now especially indicated.

Digitalin is one of three important con-



stituents used in the preparation of one of the most important granules in "dosimetry," a granule which is given in all asthenic cases when fever is present. The other two remedies, which are combined with digitalin to form one granule called "Dosimetric Trinity," are aconitine and strychnine.

The objection to the use of digitalis, besides the slowness of its action, is that it interferes with digestion and destroys the appetite. This can frequently be prevented, however, if the preparation used is given in combination with *nux vomica*. This objection does not exist, apparently, against the use of its active principle. At least, the writer has never observed any trouble of this kind, probably because strychnine or quassin has usually been given by him in combination with digitalin.

The great bugbear, which has always haunted the physician when prescribing digitalis, is its so-called "cumulative action." This may be developed during the administration of any poisonous medicine. Opium pills have produced more deaths from "cumulation" than has digitalis. If medicines are soluble in the gastric fluid, or if they are administered in solution and time is allowed for their absorption before other doses are given, and if their administration is stopped when the symptoms abate for which they were given, "cumulative action" cannot occur.

Medicines do not circulate in the blood for days in an inactive or dormant state and then suddenly evolve their entire medicinal or poisonous properties within a few seconds. Hard pills may remain undissolved in the stomach for days, when secretions have been scanty and absorption has been slight. When secretion and absorption are restored, all of the pills may be quickly dissolved and rapidly absorbed into the blood and thus death may be produced.

The following important lessons should, therefore, be drawn from these facts. Never give pills or granules when the mucous membrane of the mouth is dry or is covered

with sores, but give the medicine in solution. Never administer medicines through the mouth to comatose patients but always give them hypodermically.

This closes what we are sure our readers will agree is a valuable article on the active principles of digitalis and their uses. We would simply emphasize the desirability of becoming acquainted with one preparation that acts well and then sticking to it. This entire article is part of the text of Shaller's Guide to Alkaloidal Medication, now in press, to be ready about January 15.—Ed.

## A RATIONAL TREATMENT FOR TYPHOID FEVER.

(Continued from last number.)

BY ROBERT D. ROBINSON, M. D.

The application of cold to all parts of the body, increases the number of leucocytes. The specific gravity of the urine and the hæmoglobin of the blood are decidedly increased. The increase of the leucocytes is greatly desired, as their coming in contact with Eberth's bacilli must result in the destruction of the latter.

Reaction against toximes is an all-important factor, this is aided by stimulating the nerve centers, by furthering elimination by the excretory organs and by rendering the blood more alkaline and more favorable to the phagocytes.

The bath should not be continued, ordinarily, longer than six to fifteen minutes, plenty of friction should be administered throughout the bath, which should be at the lowest temperature tolerant to the patient. If the temperature be not properly adapted, or the friction omitted, you will have cyanosis, and corresponding depression, instead of a ruddy, glowing skin with its accompanying stimulation.

In the absence of the proper paraphernalia for easy tubbing, our only recourse is sponging, observing the same rules as above. This should be persisted in, and it will prove most grateful to the patient who almost invariably falls off into a restful sleep after each sponging.

On being called to a case of typhoid, my first step is to clear the alimentary canal of indigestible substances; for this

purpose I usually prescribe calomel granules, gr. 1-6, No. v., with directions to give one every hour until all are taken. I follow this, in about six hours, with a full dose of seidlitz salt. This insures a clean alimentary canal. At the same time, I, myself, give the patient a bath, or thorough sponging, unless there is a reliable nurse who is competent and trusty; then I order a bath, or sponging, every four or six hours, depending largely on the tolerance and reaction for the length and frequency of the sponging.

If I have no experienced nurse, I instruct the attendants, as best I can. This constitutes the treatment for the first day. On calling the second day, I first give instructions as to the sponging and on each subsequent visit I first inquire into this, regarding it the most important phase of the entire treatment. I order every particle of clothing, including bedding, as far as possible, changed once each day.

I am also extremely careful as to the diet, ordering it to be exclusively liquids, administered at regular intervals, for instance 1-2 glass of sterilized milk (1-4 lime water) every three hours. This may be alternated with "milk punch," "egg nog," "beef tea," "broth," etc., to please the patient. These are always administered cold or hot, never tepid. A little good whiskey or brandy will not be out of place in connection with this diet and will do much good, especially in the second and third stages of the disease. Crushed ice, ad libitum, is very grateful and will do no harm. I never deny my patient a few sips of ice-cold water as often as called for, and always encourage drinking plenty of water, as it favors elimination. Lemonade, "orange cider," "sherry flip," and home made ice-cream and lemon-ice are all made use of to relieve the monotony, and are harmless when any degree of judgment is used as to quantity.

All through the course of this disease, the physician should keep foremost in his mind the following conditions, an inflamed, irritated, intestinal mucous surface, the

great toxemia of the blood and the liability to violent delirium and complications due to malaria. The proper attention to alimentation will, nearly always, be sufficient to avoid irritating the very irritable, intestinal mucous surface. Should a diarrhoea assume alarming proportions, a few "chlorodyne" granules, administered one every hour, will probably suffice. While if, as is often the case, constipation should be troublesome, 1-2 teaspoonful doses of seidlitz salt every hour will safely relieve. Sponging, or when convenient tubbing, may be relied upon to reduce the temperature and the toxemia.

A valuable and indispensable adjunct in the reduction of the toxemia, and alkalinizing the blood, is one granule of calcium sulphide, gr. 1-6, every hour while the patient is awake. This is a valuable parasiticide and antiseptic, and should be continued well into convalescence. Should the fever become unmanageable or, as is sometimes the case, the patient cannot tolerate the bath, the Defervescent Compound No. 1, one every hour, will readily keep the temperature under control. This is, also, a diuretic and, as the urine is frequently suppressed or scanty, should be given with more or less regularity throughout the first and second stages of the disease.

As the fever subsides, the need of a more decided stimulant and tonic is apparent: here I substitute the Dosimetric Trinity No. 1, one every hour or two, for the Defervescent Comp. This I continue until all symptoms of fever and intestinal irritation have subsided, when I alternate the Dosimetric Trinity with the Antichlorosis granules, giving them two hours apart, and continue this throughout convalescence. Should malarial complications arise, anytime previous to this, the "antichlorosis" granules, one every four hours will be sufficient to check its advancement. Should delirium and restlessness become a factor, the simplest and most effective agent is Dover's powder, modified (Vaugh), one granule every 15 minutes until quiet, then every hour as long as necessary. The liability

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of delirium, however, is reduced to a minimum by the proper use of the bath.

The physician must exercise his judgment in meeting other complications and conditions, as it is impossible to give a course of treatment that will meet the requirements of every case.

You will observe that I have treated conditions, and not the disease. I would treat the same conditions in the same manner, whether found in typhoid fever, peritonitis, pleuritis, malaria or what not. Patients treated in this manner will usually be dismissed before the third week is up, and the mortality will be so low that it will scarcely be regarded as a dangerous disease.

The condition has been met, the patient has been rational and comfortable and he will hardly realize that he has had the dreaded typhoid fever.

163 State St., Chicago.

We quite agree with the Doctor as to the desirability of treating conditions instead of diseases. That is the crowning glory of modern, rational therapeutics. With remedies that can be depended upon to always influence the economy in the same way, the meeting of indications becomes a natural sequence, at the same time, easy, safe and sure. We must sound a word of warning against the use of alcoholics in these cases, particularly against their use in the agreeable forms of "egg nog," "punch," "flip," etc. Habit is too easily formed to be for a moment lost sight of and, with strychnine at our hand, the remedial necessity of alcohol drops into insignificance. With the Defervescent Compound and antiseptics in the first stage and the Dosimetric Trinity and antiseptics in the second and third, with proper feeding and personal cleanliness, typhoid fever is deprived of a great proportion of its danger.—Ed.

## TYPHOID FEVER AND ITS DOSIMETRIC TREATMENT.

(Continued from last number.)

BY ED. CORNET, M. D.

In the treatment of typhoid fever, the physician should always bear in mind the nature of the disease, and his first and continued effort must be to put an end to the microferments which infect the intestinal tract. To render this aseptic, and keep it

so, is, then, the first work to be accomplished. Therefore, we commence the dominant treatment with the exhibition of sulphocarbolate of zinc, in doses and at intervals sufficient to bring about and maintain an aseptic condition of the stomach and intestines. In fact sulphocarbolate of zinc should be continued throughout the course of the disease, as it will not interfere with any other treatment and is easily borne by the patient.

Hyperpyrexia must be met with aconitine and veratrine, one granule every fifteen minutes until the temperature has fallen and the pulse has become slower. When these results have been obtained, and the morning period of apyrexia sets in, the granules of hydroferrocyanate of quinine every half hour will be of great benefit. During this same period, anything that may work to the comfort of the patient may be done, viz.: the arranging of the bed clothes, airing of the room, etc., etc. As to the variant treatment, the object of which is to meet the various symptoms as they present themselves, the physician, by careful observation and being well equipped, will easily overcome them. Headache will be met with caffeine in its various salts; delirium will readily yield to the administration of Gregory's salt, narcaine or morphine. Convulsions will not long resist the influence of brucine, anemonin or strychnine in the proper dosage. Spasms will disappear after a few doses of atropine.

Pains and tenderness of the abdominal region can be treated with external means, such as friction, poultices, etc. A light poultice of flax-seed meal and mustard, to wit, eight tablespoonfuls of the meal to one of mustard, the poultice covering the whole abdomen, has given me good results. It must be applied warm. Effervescent seidlitz salt is of great value, as lavage of the intestinal tract will prevent autogenic poisoning, the cause of many relapses.

Now a few words on alimentation of the patient. This should consist of some light nutritious fluids. Beef tea, barley water, milk at times, oysters and raw eggs. The

food should be given often and at regular intervals; two or three tablespoonfuls every two hours. For drink, a tea made of walnut leaves and given ad libitum, proves very grateful to the parched tongue of the typhoid patient. To a teacupful of this tea may be added, every three hours, a teaspoonful of the following solution: sodium salicylate, grams 2; phenic acid, 10 per cent sol., grams 1 1-2; water, grams 160, and the quantity given every three hours.

All this we offer as a rational and methodical treatment which, being faithfully adhered to, will show the expectant physician that the so much dreaded typhoid fever can be, and often is, jugulated.

Norwich, Conn.

We have here the concluding portion of Dr. Cornet's article. The treatment of this disease cannot be too much simplified. should be careful, painstaking and rational, with a clear idea of existing conditions and what is necessary to be accomplished, and we can state, without any fear of successful contradiction, that no plan comes so near to being exactly right as that laid down by the principles embodied in alkaloidal medication.

This matter is now before us and we shall be pleased to have the readers of the CLINIC discuss it fully. Reports of cases are in order, adverse opinions will be received and everything possible done to place things before you in a proper light.—Ed.

## QUININE HYDROFERROCYANATE.

### THE THERAPEUTICS OF.

BY S. F. MEACHAM, M. D.

I have been a believer in the dosimetric method of treatment for over four years and so do not believe in the large dose of quinine so frequently used. Before I was acquainted with this method of treatment, I had observed so many ill effects from large doses of quinine that I was ready to investigate when I first heard of it.

Dosimetry has revolutionized medicine for me and, instead of a growing skepticism, I have a growing faith in the remedial power of drugs. That large doses of quinine are, at times, successful and even advisable, there is no doubt, but any candid person who watches the quinine treatment of typhoid fever, or any other disease where

the poisons tend to irritate the nerve centers, or who watches its use as a febrifuge, will see so much nausea and vomiting, irritation of mucous membrane of stomach and bowels, or the nerves of same, with consequent indigestion and gaseous distension, so much nervousness, delirium, deafness and sympathetic palpitation of the heart, that he will conclude that some other way is at least desirable, and I think we have it in the dosimetric method.

Let me now tell you what I regard as the point of superiority of quinine hydroferrocyanate over these large doses of the sulphate. It is more convenient, less nauseating, quieting to nerve centres, a good antispasmodic, a better antineuralgic, a better febrifuge and as good an antiperiodic, without its disagreeable effects on the nerve centers. It is a better restorative; it can be used where the large doses of the sulphate can not; it is better for all susceptible patients and children; it is less likely to meet idiosyncrasy, in fact, in my experience it has never done so, and it does not have to be administered at the point of: nayonet, patients call for it. All the above points have been verified, many times over, in my own use of this preparation.

During the past three years we have had quite a little malarial poisoning to combat and, as I have been studying this preparation, I have used it quite extensively and have witnessed many interesting things. I will cite two or three cases which illustrate what the medicine will do.

Mr. H.—Age thirty years, farmer, previous health good, had had four chills and taken large doses of quinine but was suffering from a pernicious chill with all its terrible symptoms when I saw him. Bowels constipated. Gave a hypodermic of acetate of morphine, followed by strychn. hypophos. and hyoscyamine every fifteen minutes till reaction set in, then aconitine, veratrine and digitalin every 15 minutes to control fever; with this I gave hydroferrocyanate of quinine, gr. 1-16, every half-hour for six doses, then every hour. The next day there was a light chill but no

further trouble. I should have said that the bowel was thoroughly cleaned with seidlitz salt.

Case No. 2.—Child, four years old, had been having chills for two weeks and was taking large doses of quinine sulphide. The child was nervous, sleepless, lymphatic with a lenteric diarrhœa, vomiting and terribly anæmic. I gave calomel until the vomiting stopped and cleaned out the canal with small, repeated doses of seidlitz salt. I then gave gelseminine for the nervousness and quinine hydroferrocyanate. My patient had but one other chill and made a rapid recovery on pepsin and arseniate of strychnine.

Miss M.—Severe remittent fever, extremely nervous, dreaded quinine worse than the disease, begged that it be not used on account of past experiences with it; claimed it "made her crazy" and caused vomiting. Her temperature was 105.4 degrees at my first visit. I gave aconitine and veratrine every fifteen minutes till the fever came down to 103 degrees, then every hour. Gave quinine hydroferrocyanate, gr. 1-16, every hour. She improved from my first visit and was dismissed on the fourth day.

Miss K.—Aged fifteen years. Trifacial neuralgia. Had been complaining for three days. Slept none for two nights. Gave quinine hydroferrocyanate, gr. 1-16, every half hour for six doses, then every hour. Improved after the fourth dose. In this condition I usually use gelseminine, but wished to try this preparation and see how it would act in a severe case. Had used it in milder cases many times, with good results. The above cases could be multiplied many times, but these will serve as hints. I do not wish to be understood as underrating the other preparations of this drug, for they are all useful in their respective fields. If I could succeed in calling attention to this too much neglected preparation, and its field of usefulness, hundreds of poor, weak, nervous, susceptible patients would be gainers thereby.

Quincy, Ill.

S. F. MEACHAM.

We are glad to welcome Dr. Meacham to the CLINIC brotherhood, and know that his article will be read with much interest. We desire to emphasize what the Doctor has said about the desirability of treating malarial affections with small doses of quinine, and quite agree with him that the hydroferrocyanate is one of the best, if not the best salt. While being antiperiodic, it is, at the same time, markedly tonic, and the iron in its combination increases this manifold. Malaria and neuralgic affections, for which quinine is so largely used, are all attended with more or less general nervous depression and call for the very tonic elements this preparation contains.

The standard granule of this drug contains gr. 1-67 and this is the one always meant if no dosage is specified. For occasions requiring large doses, a granule of 1-6 grain is made. We trust our readers will give this drug due attention and satisfy themselves whether it is desirable or not.

The Doctor will pardon us for suggesting that, in future communications, he gives exact dosage of all the remedies mentioned. This is important. We are aware that he had this quinine salt in mind, but it adds force to any article to have what is told, told in detail. We desire to have the CLINIC accurate and practically helpful. To that end let us all unite. Dr. Meacham, please write again.—Ed.

## ELECTRICITY—THE REASON WHY.

BY C. S. NEISWANGER, M. D.

Professor of Electro-Physics, Post Graduate School of Chicago.

Our most valuable, standard therapeutic agents have all passed through the ordeal of being scoffed at, buried for a time by the prejudices of some of the leaders in the profession, then picked up again because some investigator found out their true worth.

The principal reason for this lies in the fact that many new remedies are begotten by enthusiasm, and the enthusiast invariably hurts the remedy and hurts himself.

This is true in nearly all the sciences but is especially applicable to the domain of medicine where it is necessary to be conservative, for these remedies will invariably settle to their level of usefulness, just as water will seek its level, and be retained by the profession to be used only for that which they will accomplish.

Electricity has been no exception, and

has passed through the various stages of decline and advance until it has finally taken high rank in the physician's armamentarium, where, no doubt, it will remain because its application is now based upon sound physical principles.

The lack of knowledge of the physical laws governing this agent, has long kept it in the domain of charlatanry and superstition, and much credit is due the pioneers who have worked so hard and untiringly to elevate it to the place it deserves.

The day of the scoffer, as far as electricity in medicine is concerned, is past and we are glad to add that a majority of the adverse criticisms regarding it have emanated from those who understand it the least. Again, it seems to be a component part of human nature to give advice, and as a consequence much of our current literature upon this subject is misleading, not because the author wilfully misrepresents the facts, but because the statements made are not supported by the physical facts, of which he may be totally ignorant.

To illustrate, a physician in one of the larger cities of Nebraska, wrote an article on a new method for removing superfluous hair by electricity. This article was printed in a reputable medical journal and the next month was produced in two other equally reputable journals as a matter of scientific interest.

In substance, the technique of the operation was as follows: "Two needles, one attached to the positive, the other to the negative pole of a galvanic battery are each introduced into the hair sheath, the point coming in contact at the papilla: when the current is turned on the needles will be heated red hot for an instant, destroying the papilla." Comment is unnecessary.

Another physician from a Kansas town writes an article for a medical journal in which appears in substance this adverse criticism: "I have made blood and constitutional diseases a specialty for twenty-five years and I know that electricity is not food for nerve or muscle, because the current leaves the body in from fifty to

seventy seconds after the electrodes are removed." Comment is again unnecessary, except to say that such literature is, to say the least, misleading to the physician, as any attempt to follow such technique would be doomed to ignominious failure.

In future issues of this journal we shall endeavor to make clear rudimentary physical laws, from a medical standpoint, hoping thereby to encourage a more rational use of this valuable therapeutic adjunct.

6354 Maryland avenue, Chicago.

This letter from Prof. Neiswanger was solicited for the CLINIC, believing that its readers would be glad of a little accurate, helpful information along these practical lines. While the CLINIC is primarily alkaloidal, its "text" is this: "The smallest quantity of the best obtainable means of producing a desired therapeutic result." Just what this means is depends upon the case and conditions at hand. It may be a bath, it may be massage, it may be electricity, it may be "alkaloidal granules." Whatever it is, we want it and we want to recognize and use it, hence the above, and we are sure our readers will profit thereby and be glad that we have the promise of more.

Professor Neiswanger will continue these articles through the year and, if sufficient interest is manifested, an electro-therapeutical department will be established. Send all communications and questions directly to him at the above address.—Ed.

## DIPHTHERIA—TREATMENT.

BY WM. H. WALLING, M. D.

The proposed specific for the prevention and cure of diphtheria, is Koch's anti-toxine. This remedy is stated to be successful in 100 per cent of cases when used as a preventative, or on the first day of the disease, and in 97 per cent when used on the second day, its value rapidly declining when employed after this time.

Dr. Cyrus Edson of New York, speaks very highly of the remedy, and it is to be given an extended trial in that city. Whether the treatment will prove to be all that is now claimed for it, time alone will demonstrate.

As to the specific bacillus of diphtheria, I will say that it is found in other places than in the patient's throat; in old cheese,



the "eyes" of old apples and in fact, wherever there is decaying organic matter.

The same may be said in a general way of many other vicious germs. These animal germs, being so abundant, why do they not more frequently attack the throat or other part? Simply because there is a certain immunity or resistance inherent in the healthy animal cell. When, however, this tonic becomes, from any cause, sufficiently lowered, or the horde of bacilli becomes too strong for the resisting phagocytes, then we find the specific bacillus in the throat or elsewhere, as the case may be.

While this is not new, it will be well to restate it occasionally. The object of Koch's antitoxine is to render the subject entirely immune, or to fully abort the disease, and I hope such will prove to be its effect. Until this has been fully proven and the proper facilities for the treatment furnished, we must depend upon known agents, remedies that have already proven efficient in this most dread malady.

My own method of treatment, which has been successful, consists in spraying the throat with peroxide of hydrogen, diluted more or less according to the amount of membrane; combatting the fever with the Trinity granules, one every hour as may be required or, preferably, dissolving a sufficient number in water so that each teaspoonful shall represent the proper dose. I then saturate the system as rapidly as possible, with calcium sulphide. The patient is, of course, isolated and I keep the following named mixture constantly vaporizing in the room:

Acid carbolie, eucalyptol aa drams 20, spirits of turpentine dram 1. A teaspoonful of this mixture to be poured onto a pint of hot water, to be kept nearly at the boiling point over an oil or other stove. Replenish when exhausted.

The patient is sustained in every possible way, by the use of such foods or drinks as may seem best in each case.

The chlorine mixture, so highly spoken of by eminent writers, I have not had occa-

sion to use. The germicides above mentioned have met the requirements thus far and I shall continue them.

In a subsequent CLINIC, I shall have something to say about Whooping Cough.

1606 Green St., Philadelphia, Pa.

The author is to be congratulated on adopting this method which has already been repeatedly mentioned in these pages and strongly endorsed by the CLINIC. It is our opinion that the above mentioned treatment, up to the present time, has scored more victories than any other with which we are familiar. We are at present much interested in Nuclein and many favorable reports are being made of its use in this disease. Our own experience with it has been too limited to speak with any assurance either way, but able investigators are of the opinion that its introduction marks an era in modern medicines. It can be obtained for investigation, according to Aulde's formula, of The Abbott Alkaloidal Co. of Chicago, and Charles Leedom of Philadelphia. The former prepares it in granules of 1-12 m. at the following prices 100, 20 cents; 500, 80 cents; 1,000, \$1.50. The latter handles a tablet of 48-150 m at \$5.00 per 1,000. The adult dose, practically, is 1-3 minim.

—ED.

## COMA AND TETANIC SPASMS FROM DELAYED MENSTRUATION.

BY J. D. JUSTICE, M. D.

Answering a vigorous pull at my bell the other night I was greeted by an anxious father with the exclamation, "Done gone speechless." Reaching the bedside of his growing daughter, I determined the significance of his great anxiety. She was square on her back with eyes wide open, jaws tightly closed and all extensor muscles hard and rigid.

A leg or arm could have been broken without flexing either. She was insensible to pain and paid no attention to her name loudly called. A hasty inquiry elicited the information that her menses were due four days before, that they had always been painful and scanty. My diagnosis was, then, as above. I dissolved ten granules of gelseminine, gr. 1 250 each, and five of hyoscyamine, gr. 1-250, and plunged all into the connective tissue with my hypodermic syringe, to loosen her speech and

relax her muscles. In forty minutes she closed her eyes, drew up her hands, arms and feet and, finally, yawned, opened her eyes and looked around in a surprised and dazed manner. Soon after she could swallow water. I then left twenty-five granules of gelseminine and ordered five given every two or three hours until she became rational, with one granule of macrotin, gr. 1-6, and one of strychnine arseniate, gr. 1-134, to be given hourly until her menses were established or she was able to be about. The flow began in fourteen hours without pain and her return to usual health was rapid.

Quincy, Ill.

The above is a practical, rational treatment of a serious condition. Dr. Justice is winning many laurels with gelseminine and the CLINIC owes much to him for so carefully reporting his use of the same. This is an occasion which is liable to present itself to any of us, at any time, and the knowledge here given should be treasured for time of need.—ED.

## MISCELLANEOUS.

### Correspondence, Reprints, Etc.

#### ACONITINE—HOW TO DISPENSE.

EDITOR ALKALOIDAL CLINIC:

I have had such a run on your valuable little granules that I am obliged to make up a new order. Before sending it I want to get a little advice. In ordering aconitine for general use, do you think it better to use the 1-134 grain granules, instead of the 1-500? I have always used the latter but I see you always speak of the former. I want to use the best one. Again, when I want to give several granules together, I usually put them in a little bismuth, or a little powdered slippery elm, and do them up in "powders." Then I am sure the patient will get all of them. Would I do better to make a solution in water, add saccharine and a little carmine and direct the patient to take a teaspoonful as often as necessary? These are little points that I do not see spoken of in my books and I want to do the best thing to insure results in as pleasant a manner as possible.

W. L. JOHNSON, M. D.

Uxbridge, Mass.

The above personal letter treats of matters of sufficient interest to present through the CLINIC. We are in receipt of

many inquiries regarding the technique of practice with alkaloidal granules. We give below an extract from our personal letter to the Doctor:

"Yours of the 6th duly received. Am delighted with the success you are having in the new and better way, and am glad to answer every and all questions I can. You should use the aconitine, 1-134, by all means, as a general rule. I carry both sizes, and where it comes handy to give the 1-500 to a ten or twelve-year-old child, I do so but, as a rule, meet this by solution of the larger dose.

In making an office prescription, to be taken at home, requiring the use of different granules in different quantities, I put them all in a vial and the vial in an envelope, on which I write. "Dissolve in . . . . . teaspoonfuls of water and give . . . . ." If I want sweetening and color, one or both, I introduce saccharine, q.s., and a carmine granule. Where I am giving the same number of each granule, and the medicine is to be carried in the pocket or the patient is fastidious, I put one or two of each, as the case may be, in a capsule, moistening the edge of the cover slightly so it will stick on, and dispense in a box. A No. 4 capsule, will hold six. Capsules are ten cents per 1,000. We supply them. You have the right idea but the above suggestions may clinch it."

We shall be glad to answer any questions, so far as possible, that will help our friends.—ED.

#### AMENORRHEA FROM PLETHORA.

EDITOR ALKALOIDAL CLINIC:

I have a patient, large, fleshy and plethoric, with very scanty menses, little discharge with almost no color to it, weak heart, easily "winded," slight hacking cough, says her "throat fills up," has slight choking sensation in throat, etc. What is the best dosimetric treatment for such a case? I do not like to bother you, for I know your time must be well taken up, but I should very much like your opinion.

I have had very good success with the alkaloidal granules, that I have used so far, especially in three cases of pneumonia, in which I used the "Trinity" No. 1 for fever, codeine for cough and



pain, with strychnine arseniate as a tonic and stimulant. The only trouble was that they got well too quickly for my financial good.

Carver, Minn.

Dr. E. C. HARTLEY.

The case is undoubtedly one of amenorrhœa from plethora, and I would suggest colchicine in small doses, just sufficient so that it acts slightly upon the bowels, say one granule every two or three hours, and heart tonics. The compound heart tonic containing digitalin, gr. 1-134; strophanthin, 1-5000; strychn. sulph., 1-5000; sparteine sulph., 1-40; glonin, 1-500, and cactus grand; 1-2 drop, listed as "Heart Tonic," is peculiarly adapted to a case of this kind. The casual observer might call this a "shot gun" prescription, but the careful clinician will find this adapted to certain lines of cases like the one referred to. I should give one of these, along with the one of colchicine, as above, for two or three days, until the effect of both is produced; I should then continue the colchicine at sufficient intervals to keep the bowels a little loose, and give the "Heart Tonic," three or four at a dose, before each meal. This will give tone to the circulation, a larger flow of urine, a cleaner alimentary canal and greatly improve the patient.

The tonic state of the circulation induced by the above will clean up the congestive state of the lung which gives rise to the cough and will prevent her becoming so easily "winded." I should stop potato and white bread, giving graham, vegetables, fruit and lean meat. After the circulation is in good condition, the Buckley's Uterine Tonic will come in very nicely to regulate the circulation in the pelvic viscera. A systematic course of these remedies, combining arseniate of iron and other tonic measures that may be indicated, will cure the patient, if there is no organic lesion.

We note what the Doctor says about his cases of pneumonia recovering so quickly and suggest that his excellent success may determine compensatory calls to the same family and their friends. We sympathize, for we have had many similar experiences. The CLINIC will be interested to know the

progress and ultimate outcome of this case. Please keep us advised.—Ed.

### BUCKLEY'S UTERINE TONIC.

EDITOR ALKALOIDAL CLINIC:

I have received your premium case, it is very neat and serviceable, and have read the CLINIC with pleasure and profit. I have always derived a great deal of practical information from your articles in various journals and feel sure that the medical profession will appreciate your efforts to throw more light upon the use of the active principles in the treatment of disease and sincerely trust that they will show their sincerity, in a tangible form, by contributing their dollars to swell your subscription list.

I have used several thousands of Buckley's Uterine tonic and think that, in properly selected cases, they are as nearly specific as quinine is in ague.

Kirkland Ill.

Dr. SPIERS, M. D.

In connection with this complimentary note from Dr. Spiers, we desire to emphasize the hope expressed and also, to caution our friends against the many poor imitations of Buckley's Uterine Tonic that are being foisted upon the medical profession by those who are ever ready to pick up and use, for their own good, the work of others. This granule is made by the Abbott Alkaloidal Co., according to specific directions received from Dr. Buckley, the originator. If you fail to get the desired results, it may be because you are trying to use these spurious preparations.—Ed.

### MISCARRIAGE WITH HIGH FEVER.

EDITOR ALKALOIDAL CLINIC:

I recently received samples of alkaloidal granules and have given some of them a trial. One case I will report. I was called to a threatened abortion, Oct. 10, '94, at 12 o'clock at night. I found the woman had lost large quantities of blood and was still bleeding. The os was dilated, as large as a ten cent piece, pulse 130 and temperature 103 degrees and delirious, with expulsion pains every five or six minutes, and vomiting at intervals of ten or fifteen minutes.

Thinking there was no chance to stop the miscarriage, I gave teaspoonful doses of viburnum and twenty drop doses of ergot. In two hours the fetus and placenta passed. I then gave aconitine granules two every fifteen minutes for four doses, then every hour. I called the next morning at 10 o'clock and found the temperature and pulse nominal, the vomiting had ceased and my patient was feeling comfortable. I think, in this case, the aconitine

acted grandly. I have taken the CLINIC for three months and would not do without it for anything.

I have ordered, through my druggist, a large quantity of the alkaloidal remedies, and, if they all act as well as the aconitine, I shall be well prepared to meet most any case that comes up.

Schuyler, Neb.

DR. STEVENS.

It would add to the interest of Dr. Stevens' paper, had he given the preparations of viburnum and ergot that he used, also the dose of aconitine. As we have said before, it is necessary, to have an article of interest and value to others, that what is said should be clearly said, with no necessary particulars omitted. The Doctor's first trial of aconitine proved to him its excellence.

Just what the cause of this abortion is supposed to have been, and particularly the cause of the high fever, is not intimated. This, also, would add to the interest of the letter. The point in mind, however, was the beautiful action of the aconitine. With that we agree, and cordially invite the Doctor to write again of his further experience.—Ed.

## THE CLINIC AND ALKALOIDAL MEDICATION

### EDITOR ALKALOIDAL CLINIC:

Back numbers of the CLINIC, January to September inclusive, are at hand. They will be helpful to me and to all others who pay attention to what they contain. Your handy premium pocket case, which accompanied them, went into immediate service.

I have been in the practice of medicine, continuously, for thirty-four years and have used the "Arms of Precision" more or less, for two years. Please make a note of the fact that they have come into my practice to stay. Thanks to Drs. Aulde and Waugh, I have not lost a case of cholera infantum, or any other acute intestinal disease of childhood, for two seasons. I alternate the arsenite of copper with sulphocarbolate of zinc and meet other indications as they arise.

I would like to hear from someone who has used pilocarpine in any of the acute inflammatory diseases of the air passages. Is it possible to make a stable granule of pilocarpine muriate? What is the best pain reliever for neuralgia of the eye ball and how would you distinguish this ailment from commencing glaucoma?

Foster, Mo.

HORACE D. PORTER, M. D.

We are sure there are many who will echo the sentiments expressed, complimentary to Doctors Aulde and Waugh. The

number of children saved through their teachings, would make a small army, and what better laurels could anyone desire?

There should be no difficulty in making a stable granule from pilocarpine muriate.

A most interesting reference to pilocarpine in inflammatory diseases of the air passages will be found in Dr. Shaller's Guide to Alkaloidal Medication, now in press. For neuralgia of the eye ball proper we would suggest gelseminine two or three every two hours, with local instillation of atropine solution. We will refer this, and the balance of the Doctor's questions, to our friends who pay more attention to diseases of the eye.—Ed.

## RECURRING CYSTITIS.

### EDITOR ALKALOIDAL CLINIC.

Please give me a reliable course of treatment by the alkaloidal method, for periodical cystitis. I frequently have cases that get, apparently, well, but return about the time of the menstrual period. I am much pleased with my case and shall adopt the method and dispense my own medicines.

Hearne, Texas.

DR. T. J. PUGH,

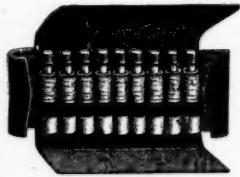
These cases usually yield quite readily to benzoate of lithium and arbutin. Both are excellent diuretics. The lithium salt alkalizes the urine, while its benzoate property, applied to the catarrhal mucous membrane, assists nature in healing the same. If pain is a prominent feature, hyoscyamine amor., gr. 1-250, should be added to each dose, avoiding dilation of pupil, however. The combined granules should be given every half hour until effect and then less frequently. These cases that the doctor refers to are such as only seem to get entirely well. They are examples of chronic cystitis with acute exacerbations. Under the plan above detailed, they will gradually improve and eventually recover, so that these periodical attacks will not occur. Dr. Shaller speaks very highly of asparagin in such cases, and gives a very interesting article on this drug in his new work which we have in press, but our experience has been mainly confined to the use of the remedies above mentioned and they have served the purpose well.—Ed.

## A POCKET PHARMACY\*.

BY W. C. ABBOTT, M. D.

To be provided with a pocket pharmacy that shall be sufficiently comprehensive to meet the variety of cases that apply in church, places of amusement, and on the street, while at the same time it is sufficiently compact to carry without inconvenience, has long been the dream of the profession, never realized until the introduction of the alkaloidal granules of the active principle.

The writer of this, some years ago, adopted a case, here shown, which has been extensively introduced by the various granule manufacturers until it is carried, probably, by more physicians than any other one style of case on the market. Most cases are so large that they are cumbersome and are soon thrown aside, the physician trusting to luck not to need it or to get along with his hypodermic, or a stray vial



or so that he may chance to have in his pocket.

This little case is adapted in size and style to be carried in the upper vest pocket, where it finds abundance of room (and in the writer's own pocket it leaves room to accommodate a fever thermometer, a fountain pen and a pencil). As will be seen by the cut, it carries nine vials; these are of half-dram size, and will hold 100 each of the average sized granules—900 doses. So you see it is multum in parvo.

With what this shall be filled depends upon the physician himself, his style of practice, and the cases he will meet. In my own case, at this season of the year (I always change a trifle to fit the season), will be found, 1st, glonoin (nitro-glycerin, or trinitrin, as it is sometimes called), gr. 1-250, and of all the remedies for an emergency case this stands pre-eminently the most important. To relieve spasm from

## Back Numbers

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This elegant, sugar coated granule is a reputation- (and that means money) maker for the doctor. Literature and full directions with each order or on request.

We have sold many thousands of these granules, direct to physicians, and all speak highly of them. Let us hear from You.

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## Address

WILLIAM F. WAUGH, M. D., Dean

OR

JOHN R. PENNINGTON, M. D., Secretary.  
103 State Street, Chicago, Ill.

\*From "The Medical World," October, 1894.

any cause, to stimulate a flagging heart, to relieve syncope or pain from internal congestion, this drug stands without a peer. A granule chewed and allowed to absorb from the tongue, or dissolved in a teaspoonful of hot water and poured between the set teeth of a spasmodic patient, relieves like magic, and is often curative in itself. Its action is to dilate the skin capillaries, causing a rush of blood to the surface, relieving congested nerve centers.

2d, and not less important, is the "king of pain," morphine, which I carry in granules of 1-12 grain each. Nothing need be said on the uses of this drug, except that where a quick effect is needed, the same is hastened by solution in hot water, and the use of the hypodermic thereby avoided.

I will mention hyoscyamine 3d, and strychnine arseniate 4th. Pages might be written on the use of these two, but I will simply suggest the action of the first to relieve pain and spasm by dilatation of constricted circular muscle fibres, as in colic, dysmenorrhœa, asthma, etc., and the sustaining action of the last, which would indicate its use to guard against relapse, with all remedies applied to the relief of acute conditions attended by a faltering of any organ. Nausea is often quickly overcome with a granule of zinc sulpho-carbodate, gr. 1-6, and so I number this 5th; with codeine, gr. 1-67, 6th, it will not only relieve a worrying child, suffering with pain and languor from a decomposing dinner taken into a stomach not ready to receive it, but many other conditions that will present themselves. Aconitine amor., gr. 1-134, in this naming, comes 7th, giving its usual first place to glonoin, but is none the less useful for all that. It should be added to the treatment of all conditions attended with fever. The size here given is adult dosage, but with judgment may be used undissolved at all ages from ten years up; in other cases it should be dissolved in water in appropriate quantity. This leaves two more loops, which are occupied by calomel, gr. 1-6, and digitalin, gr. 1-67.

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| Your<br>Choice. | { | (Original.)                     |
|                 |   | Ext. aloes, purified, gr. 1-12. |
|                 |   | Ext. nux vomica, gr. 1-24.      |
|                 |   | Ext. belladonna, gr. 1-60.      |
|                 |   | Oleoresin capsicum, gr. 1-240.  |
|                 |   | Powdered ipecac, gr. 1-120.     |
|                 |   | (Alkaloidal.)                   |
|                 |   | Aloin, gr. 1-12.                |
|                 |   | Strych. sulphate, gr. 1-500.    |
|                 |   | Atropine sulphate, gr. 1-2500.  |
|                 |   | Oleoresin capsicum, gr. 1-240   |

Elegantly made, by the special permission of Dr. Waugh, and sugar coated. Full directions by the Doctor with each order. The "original" formula is preferred by Waugh.

## This is your chance!

The regular price of these granules is 90 cents per 1,000. To get you to try them, we will fill your order, **once only**, at 60 cents per 1,000 (cash with order), either formula or part of both. This is for advertising purposes and will not be duplicated. These granules are extensively used, and highly recommended by Dr. Shaller, Dr. Abbott and a host of others. Order now, as this offer is made for a limited period only.

THE ABBOTT ALKALOIDAL COMPANY,  
Ravenswood, Chicago, Ill.



With this assortment we can not only meet emergencies, but can do a large per cent of an extensive practice; and the case is so small and compact that its presence is often forgotten until the need arrives when it proves itself "a little giant," as some have called it.

To be always prepared is the duty of the physician. It pays in more ways than one and how this can be accomplished to the best advantage should be a matter of more than passing interest.

Ravenswood, Chicago, Ill.

**This is the case given away with a year's subscription to this journal.**

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Hammond's or Hirt's Diseases of Nervous System.  
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Shoemaker's Diseases of the Skin.  
Keyes' Genito-urinary Diseases and Syphilis.  
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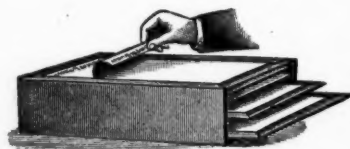
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